POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 1: Do you believe this practice is beneficial or essential to the health, safety and welfare of patients?

Yes	No
26	3

QUESTION 2: Do you believe the demand for polysomnography services is greater than California facilities can currently provide? If yes, please identify what you believe are contributing factors:

Yes	No	Unsure	Too few facilities	Inability to find qualified personnel	Inadequate reimbursement	Awareness of the practice has grown	Practice becoming more accepted in med community	Other
18	4	6	7	13	6	12	10	5

QUESTION 3: Considering the current climate of health care costs and reimbursement for other services, do you believe State (MediCal) and Federal (Medicare) reimbursement is fair for polysomnography services?

Yes	No	Unsure
7	15	6

QUESTION 4: Do you believe patients are not seeking or are not able to obtain these services as a result of little or no medical reimbursement?

Yes	No	Unsure
15	8	4

QUESTION 5: What are the current costs of services provided? Please provide a range of services from those with the lowest, medium, to highest costs and indicate whether this is an amount that is expected to by paid primarily by health insurance or by a patient; if billed to Medicare and/or MediCal, please also indicate the amount reimbursed. Also, please indicate if your figures are fairly accurate or "ballpark" amounts:

Accurate	Ballpark	No Idea	Service	Amt Billed (avg)	Paid by Patient	Paid by Ins	MediCare Amt (avg)	MediCal Amt (avg)
14	12	9	Vary	$2,083	1	17	$628	$361
14	Accurate Only		95810 Diagnostic Polysomnography	$2,194	0	4	$542	$250
			95811 - Polysom w/CPAP	$2,118	0	4	$560	$350

QUESTION 6: Do you believe State regulation/certification specific to "polysomnographic technicians" would increase the cost of services?

Yes	No	Unsure
11	8	10

Comments:

Although the cost of hiring/ retraining qualified technicians who could meet the requirements, ie formal education and certification, mandated by regulation, I am doubtful that much, if any of these costs could be recovered by raising costs. Payors are driving reimbursement down, not up.

There is a high demand and shortage of these personnel

POLYSOMNOGRAPHY SURVEY RESULTS

The more that is required of a tech, the higher cost he/she becomes. If reimbursement does not increase, requirements of 'professional ability' will raise costs to a degree that it will become impossible to provide the service. I believe the intent of State regulation/certification is good, but it will drive costs so high making it impossible to provide the services. For example, I have a big pool of potentially excellent technicians/technologists in the Exercise Physiology program at a local CA Polytechnic University. These prospective techs are highly trained in anatomy and physiology but, as it stands, MediCare does not allow me to use this pool. Instead, the requirement for an IDTF is that a tech be licensed with the RCB or registered with ABRET or BRPT. Usually, these people are fine but have less training than exercise physiology majors and at a higher cost to the provider. So we have a situation in with federal regulation inhibits my ability to use the most proficient employee. If the State of CA regulates the profession in the same way, costs will go up and the problem of a high cost/low reimbursement will get worse.

Licensed and certificated people command a higher wage, especially if these people are in demand (and right now they are).

Yes, in that staffing to be retained would need to be licensed and would incur higher wages to attract and maintain. Training programs and state licensure while beneficial add costs.

If Sleep Centers can employ only 'certified' technologists, they will pay more for labor due to the scarcity of qualified technologists. If they pay more for labor, they will need to charge more to make the same profit or go out of business. If they go out of business, prices will increase due to limited competition.

QUESTION 7: Please identify the types of locations where these services are provided and estimate the percentage each type of location is used to provide these services in California.

Stand-Alone Facilities/Labs	Facilities/Labs within Acute-Care Setting	Physicians Offices	Facilities/Labs within Home Care Co	Hotel Rooms	Other
40%	36%	12%	5%	2%	4.7%

QUESTION 8: Are you aware of any person providing these services independently (as opposed to working under the auspices of an organization, an employer, or a supervisor)?

Yes	No	Unsure
4	20	3

If yes, please identify where services are provided and any other factors that may be of interest.

Some mobile units, unsure of details.

All areas where there are no acute hospital based labs and or in areas where acute facilities have a back log of two months or more waiting time.

Lake Forest, California

QUESTION 9: How many days per week do you estimate each type of provider location is open and providing services directly to patients?

Stand-Alone Facilities/Labs	Facilities/Labs within Acute-Care Setting	Physicians Offices	Facilities/Labs within Home Care Co	Hotel Rooms	Other
5.3	5.7	4.1	3.8	3.2	3.0

QUESTION 10: How many technicians (performing polysomnography) do you estimate are working at each type of location on any given business day? (While some location types may vary in size, please provide the number of technicians you would estimate to be working at the most commonly sized location type.)

Stand-Alone Facilities/Labs	Facilities/Labs within Acute-Care Setting	Physicians Offices	Facilities/Labs within Home Care Co	Hotel Rooms	Other
2.4	2.4	1.1	1.3	1.1	1.5

QUESTION 11: How many patients do you estimate are seen by one technician on one business day at each location type?

Stand-Alone Facilities/Labs	Facilities/Labs within Acute-Care Setting	Physicians Offices	Facilities/Labs within Home Care Co	Hotel Rooms	Other
2.1	2.1	1.7	1.7	1.5	4.5

POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 12: Please provide your estimated percentage of the following patient populations who use these services in California.

Less than 3 Mo	4 mo - 2 yrs	3-12 yrs	13-19 yrs	20-39 yrs	40-59 yrs	60-79 yrs	80 yrs or older
2%	3%	4%	4%	15%	40%	26%	5%

QUESTION 13: Please identify how patients are referred for polysomnography services and what is the frequency of each referral type.

Self / Walk-in	Physician	RCP	RN Practitioner	RN	LVN	MA	Other
8%	88%	1%	2%	1%	0%	1%	0%

QUESTION 14: Once a patient is referred, how is initial contact made with the patient and what is the frequency for each method?

Patient contacts facility	Facility/ Lab contacts patient	Other
29%	71%	0%

Comments:

Frequently pts will contact the facility with an authorization and /or MD prescription
We receive order and call patient to schedule.
Specific to each facility.

QUESTION 15: Do you believe consultation is necessary prior to the date of service?

Always	Frequently	Sometimes	Rarely	Never	Unsure
13	2	7	3	2	1

Comments:

Usually good for patient education and to make sure patient is appropriate for overnight study.

Consultation should be performed by a practitioner who is knowledgeable in sleep disorders

H&P information available

This is physician consultation. A different matter is patient training & history review with sleep technologist.

A consultation by a sleep specialist (MD) may be necessary if referring MD is not comfortable w/sleep disorders. Otherwise, PMD should be able to handle consultations. A sleep tech can provide a valuable support for MD

Standard of care, AASM Guidelines
I assume you mean consultation with Board certified sleep specialist.
I believe it is to the benefit of the patient to have a consultation with a sleep medicine specialist physician prior to undergoing diagnostic procedures.
More effective as can explain the test, reason and indications and touch on Rx. Makes it easier during the test so they know what to expect.
Consultation should be with primary care health practitioner - A 'requirement' of consult with a 'board certified sleep physician' is unreasonable and raises costs with little or no benefit.
Yes, because the MD has a better understanding of what type of test or order.
This helps determine type of sleep study, montage, what to r/o etc.
I do not know what you mean by consultation…I do not believe that a MD from the sleep lab needs to see the patient when they are referred from a different MD, however I do think some doctor needs to see the patient prior to the study.
Polysomnography may be completely unnecessary - or may be performed incorrectly if the patient is not seen by a qualified medical specialist (physician) prior to testing.
If their medical doctor suspects OSA, we should test them.
The "intent" of the American Academy of Sleep Medicine (AASM) accreditation standard (PT.1) strongly recommends that all patients be seen by a sleep study physician prior to polysomnography.

POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 16: If you believe consultation is required prior to the date of service, do you believe this is occurring at all locations where these services are rendered?

Always	Frequently	Sometimes	Rarely	Never	Unsure	N/A
2	5	8	5	0	2	3

Comments:

I believe that the majority of pts. referred for PSG come from PCPs or from specialists other than sleep medicine physicians (Pulm., ENT). There may be little or no medical information (H&P, meds, special needs) available prior to their procedure.

Most physicians refer in for consultation to a boarded sleep specialist like any specialist referral. This is not the case at many sites however.

At most acute care medical centers, the sleep lab only accepts pts that have been referred by a primary care MD or a sleep MD. At stand-alone centers, I think it rarely happens.

Most Sleep Centers take patients on direct referral, despite the American Academy of Sleep Medicine's prohibitions.

QUESTION 17: If consultation is provided prior to OR on the date of service, how long are consultations and in general, what information is shared or what training is provided?

N/A	< 30 min	30-60 min	1-2 hrs	2-3 hrs	> 3 hrs
6	7	10	1	0	0

Please give a brief description of the information shared or training provided during consultations.

Explanation of test. Possible event to occur during night. Orientation to equipment and possible therapeutic action. Viewing video tape x 20

Brief health RX review, tour of facility, brief review of CPAP

Sleep history obtained, patient education on sleep hygiene and disorders, medication survey.

In our facility pts. have a consult with a sleep medicine physician which includes an H&P, sleep hx, bed partner interview if available, medication review, and may include lab testing (blood work). In addition, pts. may visit the lab prior to their test for orientation, CPAP education and mask fitting, etc.

Explain the indications, the test itself and touch on possible Rx's.

Nature of sleep disorders, description of diagnostic procedures, plan of care

This information falls under patient/ physician confidentiality.

Complete sleep history and minor physical. Discussing option with patient. Sleep log (14-day) given. Medication list obtained.

When the MD sees the pt he usually does a general hx and routine physical check for common signs and symptoms of OSA, etc. We do have a weekly orientation where we invite the pts that are scheduled for a study to come in and watch a brief film describing sleep apnea, sleep studies and CPAP. Than they tour the lab and given any info they need.

Vital Signs (HT, WT, age, BP, neck size, resting Sp02, resting HR, resting RR) review of symptoms (particularly degree and extent of sleepiness, restlessness, sleep interruptions), physical examination of throat, neck, jawline and nasal/buccal areas (e.g. large tongue, swollen tonsils, retrognathia), review of current medication.

QUESTION 18: Please identify the estimated waiting time, from the date a patient is referred or requests service, to the date service can be provided?

< 1 Wk	1-2 Wks	2-4 Wks	1-2 Mo	2-4 Mo	4-6 Mo	6-9 Mo	9-12 Mo	1-2 Yrs	2+ Yrs
3	9	11	4	2	0	0	0	0	0

QUESTION 19: Do you know of cases where the wait time has contributed to the deterioration of a patient's health?

Yes	No	Unsure
8	14	6

If yes or unsure, please elaborate.

In rare cases, cardiac decompeusation occurs before formal evaluation, especially if referring doctor does not call to prioritize the referral as urgent

Don't work in sleep lab

Drivers, w/ increased accidents

I am aware of a patient who had mentioned he was removed from work which caused a more stressful situation for the patient. However prior to testing, patient did not consider sleep test important.

Patients who are driving while sleepy are at high risk for driving and work accidents

Increase in accidents? CVA or MI prior to intervention? I have not read any research on this, but I would have to guess it has occurred.

Acute hospital labs that are HMO dependent.

Quite a few laboratories have up to a 6 month wait for a study and I am aware of problems that have arisen due to this.

POLYSOMNOGRAPHY SURVEY RESULTS

In most cases, sleep disorders are chronic conditions - the patient is not in acute danger. In many cases, the wait is due to financial issues (read insurance authorization) or patient time management issues (more important things t
do) rather than inability to provide service.
When wait times were longer because of lack of services = auto accidents, etc.

QUESTION 20: Once service(s) are provided, how do technicians (non-physician personnel) handle test results, at facilities you are aware of in California (check all that apply)?

Verbally advise patients of results	Verbally advise physician of results	Send written results to patient	Send written results to physician	Refer patient elsewhere	Other
1	5	4	20	1	8

Other Description:

If split night study pts are aware of OSA noted since CPAP was initiated. No final results are given until test results appt w/ physician
Send results to DME for CPAP set-up
Mine are transmitted to a scoring facility
Data is manually scored by qualified tech reports are collated and forwarded to physician with experience in sleep disorders, diagnosis made by physician, forwarded to PCP, PCP contacts Pt.
Educate patients to OSA, PLM's, RL's, etc.
Help educate patients to PAP device usage
Help educate patients to PAP interface usage
We give patient a copy of test at a "sleep apnea class" and answer all questions.

Comments:

Advise physician verbally of notes & actions taken during poly test.
Only after interpretation by physician
Results are communicated by physician
Refer patient to referring MD
Written results to patient & physician after scoring & follow up appt for test results.

QUESTION 21 : Please identify private credentialing agencies that accredit lab areas or facilities specific to this practice in addition to the American Academy of Sleep Medicine and the Joint Commission on Accreditation of Healthcare Organizations.

Answers:

Zero
Not aware of any other
If hospital based and offsite DHS must inspect prior to pts tested (at initial opening of centers).
Not known
Accreditation - while arguably verifies and monitors a facilities professionalism, adds yet another layer of cost for a procedure that is already inadequately reimbursed.
ASDA
I don't know of any other agencies
None other to my knowledge
Unsure if AARC offers credentialing

QUESTION 22: Please identify governmental agencies that inspect and/or oversee the licensure of the lab areas specific to this practice?

Answers:

JACHO / OSHA
Not aware of any, but needs to be regulated.
DHS
NIH
I don't know of any other agencies

POLYSOMNOGRAPHY SURVEY RESULTS

MediCare

The APT is not aware of licensure processes for "lab areas" specific to polysomnographic technology.

QUESTION 23a: If labs (not necessarily technicians) specific to this practice were all regulated by one agency, do you believe it would bring about more awareness or confidence in these services?

Yes	No	Unsure
15	11	3

QUESTION 23b: If yes, do you think this would result in more consumers using these services?

Yes	No	Unsure
6	5	5

If no, please explain.

One regulatory body is not necessarily any better than several smaller ones.

Patients already have confidence in the service, and are clearly aware of service. I'm not aware of any problems.

Not necessarily. We are an accredited center and yet many insurance companies use unattended homecare type procedures. It depends on the level of regulation, whether awareness - confidence.

AASM regulation would bring the most confidence.

If all labs were regulated by the American Academy of Sleep Medicine then minimum standards for staffing, education & training would apply.

Would just add to costs and bureaucratic burdens

In my experience, labs that do a conscientious, professional job do not need this kind of oversight, and labs that do a poor job still manage to meet the requirements of the oversight without significant improvement in services.

Public awareness is primarily based on physician awareness in this field of study.

Our accreditation with AASM provides better feedback and regulations than a governmental agency.

There are many under trained staff performing PSG studies. Most patients and physicians are under trained to tell an obvious difference.

I am not aware that patients are not confident in services provided by a facility accredited by the AASM. This is the golden standard, and it has been proven adequate for over a decade.

The accredited labs are regulated. I think that all labs should be, as they do ensure that the labs are properly run. The fact that their rules do not force people to become professionals is where the problem lies…There are RNs, LPNs, and assistants. There are RRTs, CRTs, and assistants...assistants are not allowed to give meds or do procedures.

Government regulation does not ensure increased public awareness or confidence.

Each agencies mission/goals would reflect into the practice.

QUESTION 24: How many non-physician personnel would you estimate are currently practicing polysomnography in California?

< 500	500-1000	1001-1500	1501-2000	Other
8	5	2	5	4

QUESTION 25: Please estimate the percentage of each of the following types of personnel who make up the non-physician personnel identified in question 24.

Lic RCP	Lic RNP	Lic RN	LVN	Unlicensed Personnel	Other Lic Profession
33%	3%	3%	2%	43%	17%

Comments:

Unlicensed personnel & Other Lic Prof - Sleep Techs

RPSGT credential is included in the unlicensed personnel

Primarily physician assistants!

RCP's are not adequately trained to perform a PSG or recognize sleep. A trained staff is necessary for quality and safety.

Licensure is not required for Polysomnographic Technologists. However, I would estimate that approximately 50% of the personnel are Registered Polysomnographic Technologists and 35 to 40% of the balance, work under the supervision of Registered Polysomnographic Technologists.

It is seriously dangerous when ojt sleep people do CPAP, BIPAP and 02 administration. They do not have a clue about work of breathing, flow, or any COPD complications, especially if they are working alone.

Reference the APT Salary, Demographic, and Educational Needs Survey (April 2003)

POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 26: To the best of your knowledge, of those personnel identified in question 25 as "Unlicensed Personnel," what would you estimate are the education levels of this population?

4 years or more of college education with course of study in medical science/ technology	4 years or more of college education in an unrelated field of study	At least 2, but less than 4 years of college education with course of study in medical science/ technology	At least 2, but less than 4 years of college education in an unrelated field of study	At least 1 but less than 2 years of college education with course of study in medical science/ technology	At least 1, but less than 2 years of college education in an unrelated field of study	Less than 1 year of college education with course of study in medical science/ technology	Less than 1 year of college education in an unrelated field of study	No college education	Other
13%	6%	14%	10%	8%	3%	10%	11%	21%	3%

QUESTION 27: Please identify the type(s) of credentials/certificates issued by private organizations, that you know are ***commonly*** **held by non-physician personnel currently working in this field (in addition to those already listed):**

Credential/Certificate	Organization
Licensed Vocational Nurse	Board of Nursing
Registered Nurse	Board of Nursing
Certified Neurology Tech	Graduate of School Program >1 yr
Registered EEG Technologists	American Board of Registered Electroneurodiagnostic Technologists
EMT	
Cardio Techs	
Medical Assistant	
Reference the APT Salary, Demographic, and Educational Needs Survey (April 2003)	

QUESTION 28: Please identify all the "***working titles***" you are familiar with that are used in this field by non-physician personnel (check all that apply).

Unsure	Polysomno-graphic Tech	Pulmonary Function Tech	Neurodiag-nostic Tech	RCP	RN Practitioner	RN	LVN	EMT	Lab Asst/Aid	MA	Other
2	25	6	12	18	7	11	6	5	2	8	2

QUESTION 29: Have you heard of any case(s) where a ***patient(s) had to be retested*** as a result of personnel failing to perform a test or treatment correctly or ensuring equipment was calibrated properly?

Yes	No
13	15

If yes, please give as many details you feel comfortable providing.

Poor (?) skills; poor result, retesting

Rare, at less than 0.001% of cases

This happens <5.1 g studies

Home study - equipment in poor shape, keep dislodging. Pt tested x2 then referred to a lab. Poorly trained tech (stand alone lab) did inadequate CPAP titration-CPAP titration had to be repeated (done at another lab).

Untrained tech (not registered thru BRPT, had not attended a training program) did not apply patient ground and brainwaves could not be stage scored.

I believe this happens not infrequently. I've reviewed PSG results from other facilities and had concerns as to whether or not the patient was evaluated and treated appropriately. I've spoken to patients who were the brunt of questionable practices by the individuals who performed their testing. CPAP titration in particular is more of an art than a science, and some practitioners are more skilled than others in performing them. There are many instances where a patient won't be retested, but the interpreting physician is forced to formulate a plan of treatment when information from the test is incomplete or missing due to staff's lack of knowledge, skill or training.

I have heard of this in other facilities but it has not occurred in the facilities I am associated with.

1) insufficient time; 2) delay phase; 3) lack of work experience

Many variables must be considered, H&P, patient comfort, patient awareness to why they are having a test, existing medical conditions, equipment proficiency, tech aptitude. Unsuccessful studies result in low compliance with treatment.

Improper CPAP titrations, in more than one occasion performed by a RRT working in sleep.

The APT continues its efforts to advance the profession of Polysomnographic (PSG) Technology by providing standardized competency-based assessments to measure performance of personnel working as polysomnographic technologists. The APT has also developed a policy and procedure manual specific to the accreditation standards established by the American Academy of Sleep Medicine (AASM) to serve as a guideline for the performance of polysomnographic technology. A polysomnographic technologist works under the general supervision of a physician licensed by the state. Sleep Disorders Centers accredited by the AASM require this physician to be a board certified sleep specialist or Diplomat of the American Board of Sleep Medicine (ABSM). This individual is responsible for training the technical staff.

QUESTION 30: Have you heard of any case(s) where a ***patient(s) was harmed*** as a result of personnel failing to perform a test or treatment correctly or ensuring equipment was calibrated properly?

Yes	No
1	27

QUESTION 31: Do you believe this practice, if performed by inexperienced personnel (untrained/uneducated), could result in serious patient harm or even patient death?

Yes	No	Unsure
21	4	4

If no, please explain.

Serious patient harm but patient death only if we didn't know BIS

Standard practice in any difficult case should be to contact the supervising physician.

Breathing disorders can lead to apnea, disatation, complication due to hypoxia, cardiac (?), (?) in resp care critical (?) this technical assessment.

I have conflicting views on this question. On one hand, the immediate risk to patients of serious bodily harm during PSG is limited to CPAP induced pnemothorax (a real but very rare complication), or depressing respiratory drive (with the possibility of consequences) when titrating supplemental O2 in patients with CO2 retention. You could include the failure to identify/recognize and take appropriate action in the event of a cardiac emergency as another situation where an uneducated or untrained person's action or rather inaction could result in severe adverse consequences for a patient. However, compared to respiratory therapy, where individuals are performing invasive procedures, i.e. intubation, and administering drugs, I think the risk to a patient of a severe adverse event during a PSG is relatively small. I am concerned that patients who have a miserable initial experience with CPAP as a result of incompetence on the part of technical personnel may refuse treatment and subsequently suffer the consequences of untreated sleep apnea.

Polysomnogram is a fairly benign procedure. There is a risk of barotrauma (or electrocution from poorly maintained equipment) but I have not seen documentation of this, especially since CVP electrodes were re-designed to prohib improper "plug in".

Most sleep disorders are chronic conditions - a single night of diagnosis (even misdiagnosis) or a period of improper respiratory treatment (i.e. CPAP therapy) will not significantly affect the patient's overall health. However a misdiagnosis utilizing insufficient CPAP can contribute to the patient's continued health deterioration - but this would be the responsibility of the attending (and/or interpreting) physician more than the technologist. Regulating the physicians who care for sleep-disordered patients is much more relevant than regulating the technologists who test them.

Delay in proper treatment.

The APT does not support the practice of Polysomnographic Technology by personnel who are inexperienced, untrained, or uneducated working in the profession of Polysomnographic Technology or any other health care profession. The training of a polysomnographic technician is of prime importance and under no circumstance should it be unsupervised. AASM accredited sleep disorders centers require a board-certified sleep specialist (or designee) to train polysomnographic technicians, with training periods lasting six months to one year.

A PSG is NOT an invasive procedure.

POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 32: In the interest of preventing either direct or indirect patient harm, identify how much education and/or clinical experience you believe is necessary to perform with minimum competency (including the assurance of accurate test results) for each of the following levels of this practice.

MINIMUM LEVEL OF PRACTICE:

A. College-Level								
		4 yrs	2 yrs	1 yr	No College	Other		
		1	9	9	5	0		
B. Clinical Experience								
> 300 hrs	**200-299 hrs**	**100-199 hrs**	**50-99 hrs**	**25-49 hrs**	**16-24 hrs**	**9-16 hrs**	**1-8 hrs**	**No exp**
11	2	7	4	2	0	1	0	0

GENERAL LEVEL OF PRACTICE:

A. College-Level								
		4 yrs	2 yrs	1 yr	No College	Other		
		0	15	8	0	0		
B. Clinical Experience								
> 300 hrs	**200-299 hrs**	**100-199 hrs**	**50-99 hrs**	**25-49 hrs**	**16-24 hrs**	**9-16 hrs**	**1-8 hrs**	**No exp**
15	5	2	2	1	0	0	0	0

ADVANCED LEVEL OF PRACTICE:

A. College-Level								
		4 yrs	2 yrs	1 yr	No College	Other		
		6	15	2	0	0		
B. Clinical Experience								
> 300 hrs	**200-299 hrs**	**100-199 hrs**	**50-99 hrs**	**25-49 hrs**	**16-24 hrs**	**9-16 hrs**	**1-8 hrs**	**No exp**
22	3	0	1	0	0	0	0	0

QUESTION 33: Please identify education or training programs that are designed specifically for polysomnography (exclusive of respiratory care and neurodiagnostic technology programs).

Training/ Education Prgm	Organization/ Institution	State	Course Duration
Sleep Disorders	Univ of Alabama - Birmingham	AL	
Atlanta School of Sleep Medicine	Atlanta, GA	GA	49 hrs
Atlanta School of Sleep Medicine	Northside Hospital	GA	49 hrs
Poly Assoc Degree	Orange Coast College	CA	51
Baptist Montclair Medical Center	Atlanta School of Sleep Medicine	AL	35
Technologist Course	Baptist Montclair Medical Center	GA	8 days
Laboratory Methodology Course	School of Clinical Polysomnography	OR	5 days
Clinical Record Review	School of Clinical Polysomnography	OR	3 days
Polysomnography for Technicians	Houston Sleep Center School of Polysomnography	TX	?
Clinical Record Review & Scoring	Houston Sleep Center School of Polysomnography	TX	?
Polysomnography Certificate	Moraine Valley Community College	IL	?
Cont. Edu. In Polysomnography	Stony Brook University	NY	?
Certificate in Sleep Medicine Technology	Michener Institute	Canada	6 wks
	Crozer-Chester	PA	?
	Erwin Tech Center	FL	?
	Laboure College	MA	?
	Mayo School of Health Sciences	MN	?
	Western WI Tech College	WI	?

POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 34a: If technicians (non-physician personnel) specific to this practice were regulated, do you believe it would bring about more awareness or confidence in these services?

Yes	No	Unsure
13	8	6

QUESTION 34b: If yes, do you think this would result in more consumers using these services?

Yes	No	Unsure
4	5	6

If no, please explain.

Public is already aware and has confidence in services.

Depending on how and in what form such regulation were undertaken, it might raise awareness of sleep disorders and the people who perform the testing for them. Many patients who undergo these procedures think that we are doctors or nurses, and are regulated as such. I think that it's up to both individuals employed as PSG technologists and the professional association(s) representing them to inform and educate their patients and the public as to the nature of their work, education, certification et al. I am not aware of a lack of confidence in the expertise of these providers by the citizens of California. By and large, I think if you surveyed patients who had undergone PSG testing in CA, you would find that the vast majority would rate the caring and professionalism of their caregivers highly. I don't believe that it's CA consumers of sleep diagnostic services who are clamoring for regulation of the technical personnel performing these services.

The general patient or referral office would not likely recognize the benefit. Improved patient outcomes with upward satisfaction would result.

Awareness and confidence are not lacking at present. Rather than regulating personnel, I acknowledge there is a need to regulate the facilities themselves to avoid stand-alone labs that do not follow AASM and JCAHO guidelines.

Most of the non-healthcare public believes that health care personnel are either doctors, nurses, or aides - they have little concept of specialized practitioners. They are only beginning to recognize Physical Therapists, Respiratory Therapists, Dental Hygienists, etc. and are a far cry from recognizing anything as rare as a polysomnographic tech.

Government regulation does not ensure increased public awareness or confidence.

QUESTION 35: If technicians (non-physician personnel) specific to this practice were regulated, do you believe physicians would have more options for viable resources to perform polysomnography?

Yes	No	Unsure
12	9	6

If no, please explain.

It would become much harder to find polysomnographer techs

Initially, no! Eventually more people would be attracted to field.

If technicians (non-physician personnel) specific to this practice were regulated, do you believe physicians would have more options for viable resources to perform polysomnography? I believe this would depend on the type of regulation to be implemented and how it would be phased in. For example, an entry to practice requirement of an associate degree in polysomnography, or a related health field with a specific emphasis in PSG and certification (RPSGT) would likely disqualify 90% of the individuals currently performing these tests in CA. Just as was done in RT at the time licensure was enacted, there would have to be provisions for "grandfathering" in individuals currently practicing. In the long term, I strongly believe that it's in the industry's best interest to have better educated and trained personnel performing these procedures. More public awareness and increased recognition of the professional stature of personnel could result in an increase in the numbers of people entering the field, thus increasing the supply of qualified personnel. On the other hand, reimbursement practices and changes in technology may decrease the need for "in-laboratory" procedures and personnel.

Over-regulation increases costs, resulting in fewer facilities available.

In general, good sleep centers today have no real deficits.

Awareness and confidence are not lacking at present. Rather than regulating personnel, I acknowledge there is a need to regulate the facilities themselves to avoid stand-alone labs that do not follow AASM and JCAHO guidelines. The majority of the facilities are hospital based and regulated. Physicians have the option of referring patients to those facilities.

There would be a much smaller pool of qualified and available technologists to select from.

The 1995 Pew Commission Report states, "Though it has served us well in the past, health care workforce regulation is out of step with today's health care needs and expectations. It is criticized for increasing costs, restricting managerial/professional flexibility, limiting access to patient care and having an equivocal relation-ship to quality

QUESTION 36: If technicians (non-physician personnel) specific to this practice were regulated, do you believe it would bring about more educational/training programs?

Yes	No	Unsure
21	3	3

If no, please explain.

Deeper pockets with Bureaucracy = deeper pockets for education

But, this would ultimately cost more money to the consumer

Our efforts to establish an education/training program associated with a local college have been thwarted to date by lack of funding and payscales too low to attract students.

POLYSOMNOGRAPHY SURVEY RESULTS

I hope it would improve the quality and length of existing educational programs, as well as encourage the growth of new ones. There are numerous educational opportunities available for individuals who wish to enter the field; unfortunately, most are of very limited duration (2 weeks or less) and have very limited opportunity for supervised clinical practice. I believe that it's essential that formal, structured educational and training programs be established and required for future entry into the field. Regulation which mandates such requirements should improve the number and quality of educational offerings.

This would be a result of demand from employers.

Is the Respiratory Care Board going to finance the creation of those institutions? I doubt it. There are plenty of educational and training programs available in California at this time for the current population of technologists.

Increased educational/training programs are more prevalent because of the APT's focus on establishing standards for the training of polysomnographic technicians, not because of practice regulation. The APT is dedicated to educating polysomnographic technologists. The Standards and Guidelines for the Education of Polysomnographic Technologists were adopted by the Committee on Accreditation of Polysomnographic Technology (CoA-PSG) and approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in April 2004. Currently, programs in community colleges are using these standards as they begin to build and expand their educationa opportunities for the future. The APT has developed a standardized curriculum outline specific to polysomnographic technology that will be useful to interested colleges.

QUESTION 37: Given the nature of this practice, identify on a scale from 1-5 the ability for a patient's personal rights to be violated or well being to be jeopardized should a technician have a criminal history of:

Fraud/ Theft	Alcohol Abuse	Drug Abuse	Battery	Sexual Misconduct
3.6	3.5	3.7	3.8	4.2

SCALE
5 = Absolute possibility
4 = Significant possibility
3 = Some possibility
2 = Little possibility
1 = No possibility

Comments:

The employer needs to do a background check at our facility everyone has one looking at all of these areas. Even professionals like doctors have one so I think this question is for labs that aren't smart enough to already be doing this.

ALL. Technicians should have a background check as a responsibility of the hospital or physician who hires them.

Patients are isolated, viewed by cameras, who already have sleep disturbances, many places have only one tech per night.

We currently do background checks on all our personnel.

A drug and thorough background check should be done on all technologists!

Quality centers record video to protect both the technician and the patient.

Employees at hospital based facilities are screened for criminal history.

Verification of criminal history and subsequent decisions regarding the risk of personal rights being violated or a patient's well-being jeopardized, is the responsibility of the employer and managed through the hiring practices.

Feel this question is irrelevant. At any job there will be a possibility something could happen. Unpredictable.

QUESTION 38: Have you heard of any case(s) where a patient(s) alleged or was found to be the victim of:

Fraud/ Theft		Battery		Sexual Misconduct	
Yes	No	Yes	No	Yes	No
4	21	1	23	6	20

If yes, please give as many details as you feel comfortable providing.

Newspaper refers - sometime ago

I read of an allegation of sexual misconduct (inappropriate touching) that occurred in a NC facility in summer of 2001. Unsure of its disposition.

A few patients had raised issued of this nature with management. Review of video has not substantiated complaints. Staff and patients are never alone.

QUESTION 39: Have you heard of any case(s) where it was suspected or found that diagnostic testing or treatment by the technician was impaired due to the technician being under the influence of alcohol and/or drugs?

Yes	No
3	24

POLYSOMNOGRAPHY SURVEY RESULTS

QUESTION 40: What percentage of each type of employer do you believe performs a criminal background check on non-physician personnel prior to hire?

Stand-Alone Facilities/Labs	Facilities/Labs within Acute-Care Setting	Physicians Offices	Facilities/Labs within Home Care Co	Facilities/ Labs in Hotel Rooms	Other
28%	78%	17%	26%	3%	0%

QUESTION 41: Are you aware of any lab that posts or distributes to patients, information on technician behaviors that constitute competent performance?

Yes	No	Unsure
7	17	2

If yes, please elaborate.

Polysomnography sign off sheet before PSG is done states that techs are trained.

Posting of technicians state licensure and national credentials

My policies and procedures are available for patient review.

Training certifications posted; posted regulations of successfully passing exams, BRPT

Patient's rights and responsibilities are posted in our facility.

Some labs mention that their technologists are 'certified' or registered (RPSGT) in polysomnography or sleep medicine.

Explanation of procedures for a PSG.

QUESTION 42: Is there a standard in the industry for advising patients of their rights to file a complaint either against an employee or the facility?

Yes	No	Unsure
11	6	8

If yes, what is this standard; where are patients referred?

UCSF takes complaints and keeps them on record.

For acute care facilities - JCAHO

In hospital, patient bill of rights, at clinics (?) of hospitals, unsure

Quality officer for the facility; County Board of Health; State Board of Health

Acute care settings have pt relations departments

Patient rights sign posed in center.

I believe my hospital has such a policy; however, this information isn't in my patient rooms, or included with admissions materials I'm familiar with.

HIPPA, patients bill of rights, all non-physicians work under the direction of a MD and are liable.

Patient Bill of Rights (AHA) - "The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution."

Follow-up survey mailed or completed on internet. If there are more questions they can be directed to a manager.

QUESTION 43: Which of the following components of regulation (if employed to certify “polysomnographic technicians”) do you believe would protect a patient’s rights and prevent patient harm (check all that apply)?

Competency Testing	Formal Training	Continuing Education/ Training	Formal Education	Criminal Background Check	None	Other
18	19	20	15	22	1	4